

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022590

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 200Registrar's No. 1035A

STATE FILE NUMBER

FILED JUL 16 1962

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SpringfieldLength of stay in lb
8 hrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Baptist HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Lawrence

c. CITY OR TOWN Milber

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
R. F. D.Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Cloud

Dorah

4. DATE OF DEATH

Month

Day

Year

7-2-1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-8-1880

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

Hours

Min.

6 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Lawrence Co.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Dorah

13b. MOTHER'S MAIDEN NAME

Lelia Crow

14. NAME OF HUSBAND OR WIFE

Oma Dorah

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.

17. INFORMANT

Verne Dorah Lockwood Mo., R.R.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rupt of left Ventricle

INTERVAL BETWEEN ONSET AND DEATH

instantan.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute myocardial infarction

29 hrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7/1/62 to 7/2/62

and last saw her him alive on 7/2/62

Death occurred at

11:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

T. E. Cochran M.D.

22b. ADDRESS

Springfield Mo.

22c. DATE SIGNED

7/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-7-1962

23c. NAME OF CEMETERY OR CREMATORY

Round Grove

23d. LOCATION (City, town, or county)

N.W. of Milber Mo.

24. FUNERAL DIRECTOR

ADDRESS

Morris Lemian Miller Mo

25. DATE RECD. BY LOCAL REG.

7-9-62

26. REGISTRAR'S SIGNATURE

E. E. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

T. E. Cochran
USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

6397

20550

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9420.1

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125.0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. P. Leman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit record 7-2-62